

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

| | | | |
|---|-------------|---|--|
| NAME OF COMMITTEE (In Full) WORKING FOR US POLITICAL ACTION COMMITTEE INC | | FEC IDENTIFICATION NUMBER ▼ C C00430876 | |
| Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y | | | |
| Full Name (Last, First, Middle Initial) of Payee Mack Crounse Group | | Date M M M / D D D / Y Y Y Y Y Y Y Y 04 / 19 / 2012 | |
| Mailing Address 2001 N. Beauregard Street Suite 420 | | Amount 7497.20 | |
| City Alexandria | State VA | Zip Code 22311 | Transaction ID : SE.4283 |
| Purpose of Expenditure 50% Direct Mail costs for 04/19/12 mailer (Supports Critz/Opposes Altmire) | | Category/Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: JASON ALTMIRE | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 14994.41 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name (Last, First, Middle Initial) of Payee Mack Crounse Group | | Date M M M / D D D / Y Y Y Y Y Y Y Y 04 / 19 / 2012 | |
| Mailing Address 2001 N. Beauregard Street Suite 420 | | Amount 7497.21 | |
| City Alexandria | State VA | Zip Code 22311 | Transaction ID : SE.4284 |
| Purpose of Expenditure 50% Direct Mail costs for 4/19/2012 mailer (Supports Critz/Opposes Altmire) | | Category/Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 14994.41 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 14994.41 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | |
| <p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Steven Rosenthal</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M M / D D D / Y Y Y Y Y Y Y Y 04 / 20 / 2012</p> | | | |

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(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

WORKING FOR US POLITICAL ACTION COMMITTEE INC

FEC IDENTIFICATION NUMBER ▼

C

C00430876

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Switchboard Communications

Date

M M M /

D D D /

Y Y Y Y Y Y Y

Mailing Address 888 16th Street, NW

Suite 333

City

Washington

State

DC

Zip Code

20006

Amount

1196.94

Transaction ID : SE.4287

Purpose of Expenditure
Telephone Calls - 04/19/2012Category/
Type

004

Office Sought:

☒

House

State: PA

☐

Senate

District: 12

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK CRITZ

Calendar Year-To-Date Per Election
for Office Sought

16191.35

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M M /

D D D /

Y Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐

House

State: _____

☐

Senate

District: _____

☐

President

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1196.94

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

16191.35

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steven Rosenthal

Signature

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y